

**POLICY AND PROCEDURE**

<b><u>POLICY TITLE:</u></b> DSAMH SUD Initial UR Policy	<b><u>POLICY #:</u></b> DSAMH047
<b><u>PREPARED BY:</u></b> DSAMH SUD UR	<b><u>DATE ISSUED:</u></b> 4/17/23
<b><u>RELATED POLICIES:</u></b> DSAMH003 Provider Appeals Policy DSAMH048 SUD Continued Stay UR Policy DSAMH049 SUD Discharge UR Policy DSAMH050 SUD Retroactive UR Policy	<b><u>REFERENCES:</u></b> NQCA, HEIDIS, CMS
<b><u>DATES REVIEWED:</u></b> 4/17/23	<b><u>DATES REVISED:</u></b> 2/1/23
<b><u>APPROVED BY:</u></b>   <p>4/24/2023   10:47 AM PDT</p>	<b><u>NOTES:</u></b>  <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

I. **PURPOSE:**

The purpose of this policy is to promote and maintain objective, consistent, impartial, and fair utilization management decisions. The policy shall describe the authorization review process for applicable substance use disorder (SUD) treatment for Delaware residents eighteen (18) years of age or older who are uninsured, underinsured, or have Delaware Medicaid fee-for-service. DSAMH-contracted programs that provide services for Residential Treatment (ASAM 3.1, 3.3, 3.5), Intensive Outpatient (ASAM 2.1), Residential Detox (ASAM 3.2, 3.7), Ambulatory Withdrawal Management (ASAM 2), or 23-hr Ambulatory Withdrawal Management (ASAM 2) must follow the steps outlined in this policy for authorization by DSAMH.

II. **POLICY STATEMENT:**

DSAMH shall conduct review of clinical and treatment authorization following the initiation of treatment. Initial review is based solely on the SUD review of authorization request form and other clinical documentation provided by the SUD Provider/Facility. Once the supporting clinical documentation is received by DSAMH SUD Utilization Review (UR), it is considered a formal authorization request.

III. **DEFINITIONS:**

**“Authorization”** means the agreement from DSAMH that a patient meets medical necessity as defined by ASAM criteria for substance use disorder treatment and that DSAMH will pay for treatment.

**“Delaware resident”** means either:

1. An individual who is domiciled in Delaware for any part of the tax year or maintains an abode in Delaware and spends more than 183 days in the State.
2. A person who possesses a valid Delaware-issued identification card such as driver’s license or non-driver identification card.

**“FFS”** means fee-for-service.

**“Utilization Review” or “UR”** means the review of clinical information to determine authorization approval or denial.

IV. **SCOPE:** This policy and procedure applies to all DSAMH-contracted providers that provide Residential, Intensive Outpatient, Residential Detox, Ambulatory Withdrawal Management, and/or 23-hr Ambulatory Withdrawal Management services for uninsured, underinsured patients, or patients with Medicaid fee-for-service.

V. **PROCEDURES/RESPONSIBILITIES**

A. Exploration and Discovery of Insurance:

1. The treating SUD Provider/Facility is responsible to provide evidence that a patient is not covered under a private insurance, an out of state or DE Medicaid, or has a policy that does not cover SUD Residential, Intensive Outpatient, Residential Detox, Ambulatory Withdrawal Management, and/or 23-hr Ambulatory Withdrawal Management treatment facilities.
2. This evidence is required prior to DSAMH’s review of authorization request forms and clinical documentation for authorization of treatment.

B. Submission of SUD authorization request form and other clinical documentation:

1. SUD authorization request form and other clinical documentation must be submitted to the DSAMH SUD UR email box [DSAMH\\_EEU\\_SUD@delaware.gov](mailto:DSAMH_EEU_SUD@delaware.gov) with the word “initial” in the subject line. SUD authorization request form and other clinical documentation faxed or submitted to another email box will not be accepted.
  - a. SUD authorization request form and other clinical documentation for initial review must be received within three (3) business days post-admission to the SUD facility.
  - b. SUD authorization request form and clinical documentation received with errors or incomplete (after the 3rd business day post-admission) will not be reviewed. Notification of denial of authorization will be sent, and no exceptions will be made.
2. Documentation to be submitted:
  - a. Clinical documentation shall include but is not limited to:
    - i. DSAMH SUD authorization request form,
    - ii. Biopsychosocial assessment,
    - iii. ASAM criteria assessment,
    - iv. Psychiatric evaluation and psychiatric notes, if available,
    - v. Laboratory results to include urine toxicology screen,
    - vi. Collateral information,
    - vii. Discharge planning,
    - viii. Treatment plan,
    - ix. Medication administration record,
    - x. Clinical Alcohol and Opiate Withdrawal Assessment Scale, as appropriate,
    - xi. Progress/Group notes, and

- xii. Documentation of coordination of care with current providers.
    - b. Other documentation:
      - i. Results of exploration and discovery of benefits,
      - ii. Application for Medicaid, and
      - iii. Government issued identification.
  - C. Review of clinical documentation:
    - 1. DSAMH SUD UR will conduct a review of clinical documentation to provide determination of authorization.
    - 2. DSAMH SUD UR may authorize up to 30 days, but each day of treatment must meet ASAM placement criteria and medical necessity based on documentation provided by the facility.
    - 3. Failure to submit complete authorization request forms and treatment documentation could result in denial of authorization.
    - 4. Frequency of reviews will be based on level of care, treatment progress of the client, and documentation provided by the SUD facility. The reviews shall be completed at least every 30 days.
  - D. For any denials of authorization, reference DSAMH003 Provider Appeals Policy for next steps.
- VI. **POLICY LIFESPAN:** This policy will be reviewed annually.
- VII. **RESOURCES:**
  - A. DSAMH047A UR Auth Form